PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

			or <u>rax</u>	(5/1)-213-2003				
INSTRUCTIONS: This f appropriate. All further of indicated unless corrected maintenance fee notification	arrespondence including below or directed othe	transmitting the ISS the Patent, advance rwise in Block 1, by	SUE FEE and PUBLIC orders and notification (a) specifying a new c	orresp	aintenance lees w sondence address:	and/or	nailed to the current of (b) indicating a separ	orrespondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
60533	7590 06/08/2	1009							
TOLER LAW GROUP 8500 BLUFSTONE COVE SUITE A201 AUSTIN, TX 78759					I bereby certify that this Fee(s) Transmitts being deposited with the United States Postal Service with sufficient postage for list class mail in an envelope addressed to the Mall Stop ISSULT IEU address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.				
					Jason D. S	(Depositor's name)			
					Theat	(Signature)			
					9/2/09				
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ITOR	R ATTORNEY DOCKEI NO.			CONFIRMATION NO.	
10/624,433 07/22/2003 Doug Bender 1970-0006 6426									
TITLE OF INVENTION:	SYSTEM AND METHO	OD FOR ROUTING T	ELEPHONE CALLS C	OVER	A VOICE AND D	DATA?	NETWORK		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEB I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300		\$0		\$1055	09/08/2009	
EXAMINER		ART UNIT	CLASS-SUBCLAS	s					
DUONG,	370-352000								
1. Change of corresponder CFR 1.363). Change of corresponder of corresponders form PTO/SB/ "Fee Address" indication of the provision of the p	2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm theiring at a nember a (2) the name of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED OF	N THE PATENT (print	or typ	e)				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG		ied below, no assigne etion of this form is N	ee data will appear on to FOT a substitute for filin (B) RESIDENCE: (cument has been filed for	
i2 Telecom International, Inc. Roswel					Georgia				
Please check the appropria	ate assignee category or	ategories (will not be	printed on the patent):	ū	Individual 🗸 Co	orporati	on or other private gro	up entity 🚨 Government	
4a. The following fee(s) as ✓ Issue Fee ✓ Publication Fee (No ✓ Advance Order - #	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*} \text{A check is conclosed.} \end{align*} \] \[\begin{align*} \text{Payment by redict cast, Form PTO-2038 is statched.} \] \[\begin{align*} \text{Payment by redict cast, Form PTO-2038 is statched.} \] \[\begin{align*} Payment by Comparison, Deposits Account Number -5,02469								
 Change in Entity State a. Applicant claims 	SMALL ENTITY status	s. See 37 CFR 1.27.					l'ITY status. See 37 Cl		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeeords of the United State	ired) will not be accep es Patent and Tradema	ark Office.	than th	ie applicant; a regi	istered :	altorney or agent; or th	e assignee or other party in	
Authorized Signature _			Date _ 7- 3						
Typed or printed name Jeffrey G. Toler					Registration N				
This collection of informa an application. Confidenti submitting the completed this form and/or suggestic Box 1450. Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 Cl ality is governed by 35 application form to the ns for reducing this bun rginia 22313-1450. DO 3-1450.	FR 1.311. The information of the U.S.C. 122 and 37 CF USPTO. Time will widen, should be sent to NOT SEND PEES O	ation is required to obtain R 1.14. This collection any depending upon the the Chief Information of R COMPLETED FORM	in or n is esti indivi Office MS TO	etain a benefit by t mated to take 12 idual case. Any co r, U.S. Patent and THIS ADDRESS	the pub minutes ommen Trader S. SEN	tic which is to file (and s to complete, includin is on the amount of tir nark Office, U.S. Deps D TO: Commissioner I	by the USPTO to process; g gathering, preparing, and se you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.